

**DOE-RL/ORP AUTHORIZATION FOR ERGONOMIC ASSESSMENT**

Employee Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Office Location (building and room number): \_\_\_\_\_

Supervisor \_\_\_\_\_

Basis for Request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Comments (complete if authorization is DENIED):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved

Denied

\_\_\_\_\_  
Employee - sign and date

\_\_\_\_\_  
Supervisor Approval - sign and date

When approved, send via plant mail to:

HPMC Occupational Medical Services  
ATTN: Paul Rudis  
MSIN G3-70

Or scan and email to:

[Paul A Rudis@rl.gov](mailto:Paul_A_Rudis@rl.gov) or [Laura K Carpino@rl.gov](mailto:Laura_K_Carpino@rl.gov)

\*Upon receipt, employee will be contacted to schedule the assessment.

If denied, return unsigned to employee with the reason for denial.